



# Beecholme Primary School

Edgehill Road, Mitcham, Surrey, CR4 2HZ Tel: 020 8640 4795



Email: [office@beecholme.merton.sch.uk](mailto:office@beecholme.merton.sch.uk)  
School Business Manager: Shinaed Ellington

Head of School: Hayley Lewis BA (Hons)  
Assistant Head: Faye Morris BA (Hons), PGCE, MSc

## **Beecholme Primary School** **Little Acorns Application Form**

Please complete all sections of this form. If you are applying for more than one child, please include all siblings.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Emergency Telephone numbers:**

**Parent name:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Parent name:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Person to call if parents not contactable:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

The fee is £5.00 per session for the first child and £4.00 for each additional child from the same family for the **Morning Session** and £13.00 per session for the first child and £12.00 for each additional child in the same family for the **Afternoon Session**. This must be paid in **ADVANCE weekly**. You will be able to pay the session fees online, via ParentPay.

There will be no reduction for not eating the full breakfast offered, and no refunds for non-attendance. **Children must be in by 8:15am if they require breakfast.**

**Details of children:**

**I. Name** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Class** \_\_\_\_\_

Please indicate any special dietary or medical requirements, allergies, etc.:

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**2. Name** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Class** \_\_\_\_\_

Please indicate any special dietary or medical requirements, allergies, etc.:

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**Is there any other information you feel we should know?**

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**In the event of an emergency, I consent to my child/children being taken to hospital and permit the hospital to administer any medical treatment as necessary.**

**Our Family Doctor is:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO EITHER LITTLE ACORNS STAFF OR THE SCHOOL OFFICE**